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OK
MPS
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Need data
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Analysis of Returned Restitution Checks

Sonya T. Garland
South Carolina Department of Probation, Parole and Pardon Services
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Certified Public Manager Program -2003 Class
January 23, 2003

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STATE DOCUMENTS

Analysis of Returned Restitution Checks

The goal of my project is to have my staff to effectively and efficiently manage the processing of restitution checks returned by the U.S. Postal Service as undeliverable. Once a check is returned as undeliverable, one of the accountants in the Trust Accounting Unit emails the victim coordinator and/or Agent In Charge of the county in which the offender's case is assigned advising that a check has been returned and a new mailing addresses is needed. Once the county office has checked at least three sources for an updated address and the victim cannot be located, restitution payments for that victim are processed as unclaimed property. Sources that are checked for updated mailing address information include but are not limited to: solicitor offices, tax assessor offices, public utility companies, the arresting law enforcement agency, local post offices and local telephone directories. Per Agency policy, restitution payments are to be mailed to the victim within thirty days of payment. In most cases, restitution payments are mailed to victims within fifteen working days from the date of payment.

Once an offender has been convicted in General Sessions Court and receives a split-sentence case or probation case, a staff member in the sentencing county office enters the offender and victim case information into the Agency's Offender Information System (OIS). A split-sentence is a period of incarceration with probation to follow. Probation is an alternative to incarceration and allows the convicted person to remain in the community.

To understand the process of how victim information is received from Court to our Agency, I conducted telephone interviews with Amanda Lott, Victim Advocate at the Richland County Solicitor's Office and Jennifer Bair, Victim Advocate at the Orangeburg County Solicitor's Office. **(See Appendix A)** Based on the responses received, I constructed a deployment chart showing how our Agency receives victim address information from the Richland and Orangeburg County Solicitor Offices. **(See Appendix B)** I obtained a copy of a Victim Impact Statement (VIS) from the Fifth Judicial Circuit Victim Witness Program. The Victim Impact Statement is mailed to crime victims once an arrest warrant is received on a defendant. The VIS give victims' the opportunity to express their feeling about their case(s) and it provides the Court a record of the amount of medical and other expenses that may have incurred from physical injuries and/or property losses as a result of the crime. The victim is to complete the VIS and return to the Solicitor's office. The VIS becomes a part of the Court record against the defendant. **(See Appendix C)**

*good
Herschel*

The victim coordinator in each county office or the appointed person is responsible for mailing the Initial Victim Notification Packet (Form 1165) to advise victims about the disposition in their case(s) and to inform about the conditions of supervision that the offender(s) have to adhere to while under supervision. Victims are responsible for returning page three and four of the notification letter stating whether they would like to be notified of any future hearings and to make any comments about their case. The notification letter allows victims to update their contact information and to complete the personal identification section. **(See Appendix D)**

Many times the Initial Victim Notification letters are returned as "undeliverable" by the U.S Postal Service to the county offices. My staff was not notified of the returned letters; therefore, we were mailing restitution checks to the same addresses. In an effort to decrease the number of returned restitution checks, my staff and I composed an Account Advisory which I emailed to all Agency staff advising that the Trust Accounting Unit is to be notified when the Initial Victim Notification Packet is returned as "undeliverable" by the post office.

(See Appendices E and E-1)

\$ 504,000
In an average month, 4,000 restitution checks are mailed totaling approximately \$5,000.00 with a return rate of one-hundred (100) checks. For November 2002, three thousand one hundred and ninety-nine (3,199) restitution checks were mailed totaling \$389,578. Of the November checks mailed, ninety-three (93) checks totaling \$5,739 were returned as "undeliverable", sixty (60) checks were re-mailed once updated mailing addresses were received and six (6) checks were processed as unclaimed property. Figures are also available for October and December 2002. **(See Appendices F and G** For this project the number of restitution checks and the dollar amount of restitution checks mailed monthly were taken from the spreadsheet of victim payouts that are tracked monthly in our reporting procedures. Our reporting process also tracks restitution checks returned, the number of restitution checks re-mailed and the number of restitution checks processed as unclaimed property. The dollar amount of restitution checks returned as "undeliverable" are now being tracked for reporting purposes as a result of this project.

In order to calculate the dollar amount spent to process returned restitution checks,

I calculated the cost associated with issuing checks such as the price to issue a check, the cost for envelopes and stamps and the salaries of the two employees who process the returned checks. Paul Jarvis at the State Treasurer's Office advised via telephone that the cost to issue a check is \$.21. Robert Miller in our Procurement Section advised that each envelope cost \$.04. I calculated the amount of money spent weekly, monthly and yearly to process returned restitution checks based on these figures. **(See Appendix H)**

I met with my staff to get suggestions about what additional information fields should be added to the victim information screen on the OIS in order to increase our chances of locating victims whose restitution checks were returned. My staff recommended that fields be added for a work telephone number and a contact person and telephone number, other than the one listed for the victim. I met with the computer programmer, Jose' Bujosa who maintains the OIS and he stated that the suggested changes could be made.

I was invited to speak at my Agency's Victim Coordinator's Quarterly meeting by the Director of Victim Services, Marian Lindsey. **(See Appendix I)** I attended the meeting and suggested that a field for driver's license numbers, a work and a contact person and telephone number be added to the victim information screen. Also, I suggested that a note be added to the victim remittance slips stating that our Department should be notified if a victim's address or phone number changes. A remittance slip is mailed with each restitution check listing the offender who is paying the restitution, the sentencing county office's telephone number, the victim's name and victim identification number and the number of the enclosed check. I received suggestions from the victim coordinators to add offenders' names and

State Identification Number (SID), the contact person's relationship to the victim in the victim information screen. Also a suggestion was made to add offender SID numbers to the victim remittance slips. Mr. Bujosa updated the OIS to include all of the above changes **(See Appendices J and K)** and sent an Agency-wide email advising staff about the changes to the OIS. **(See Appendix L)** Page three of the Initial Victim Notification Packet was also revised to include the additional information fields. These changes aligned the victim information screen on OIS to the request for victim information on page three of the Initial Victim Notification Packet. **(Please refer back See Appendix D)**

A field has also been added to the victim information screen to record Federal Tax ID numbers for businesses. After processing the other suggested changes to the victim information screen my staff and I realized that more information was needed when trying to locate business owners for businesses that have closed. The Initial Victim Notification Packet (Form 1165) has been revised to contain a field for the Federal Tax ID Number.

Since the changes made are fairly new, it will be necessary to evaluate the number of returned checks over a period of time long enough for them to have a measurable effect. I plan to monitor the checks monthly and to conduct an evaluation every quarter to determine if any of the changes are effecting the numbers. In addition to the evaluations, periodic consultations and ongoing communication with all the parties who participate in the process of obtaining victim information is a must. Over the period of a year, I hope to see a significant decline, preferably twenty to twenty-five percent in the amount of checks returned contributed to the changes made. If the numbers remain high, I will continue to seek and

implement other ways to reduce the returned checks and make the process of handling them more efficient.

APPENDICES

APPENDIX A

Telephone Interview Questions

Q: When are Victim Impact Statements mailed to crime victims?

A: Richland and Orangeburg County Solicitors' Offices-Once arrest warrants are entered into the computer system at the Solicitor's Office, victim impact statements are mailed to the victim(s) in the case(s).

Q: What steps are taken if the victim impact statement is not returned or is returned as undeliverable by the U.S. Postal Office?

A: Richland County Solicitor's Office- Will check with prosecuting solicitor for new discovery information that has been received in the case about the victim(s), which may include new contact information.

A: Orangeburg County Solicitor's Office-Will try to locate victim(s) via telephone if a telephone number is available.

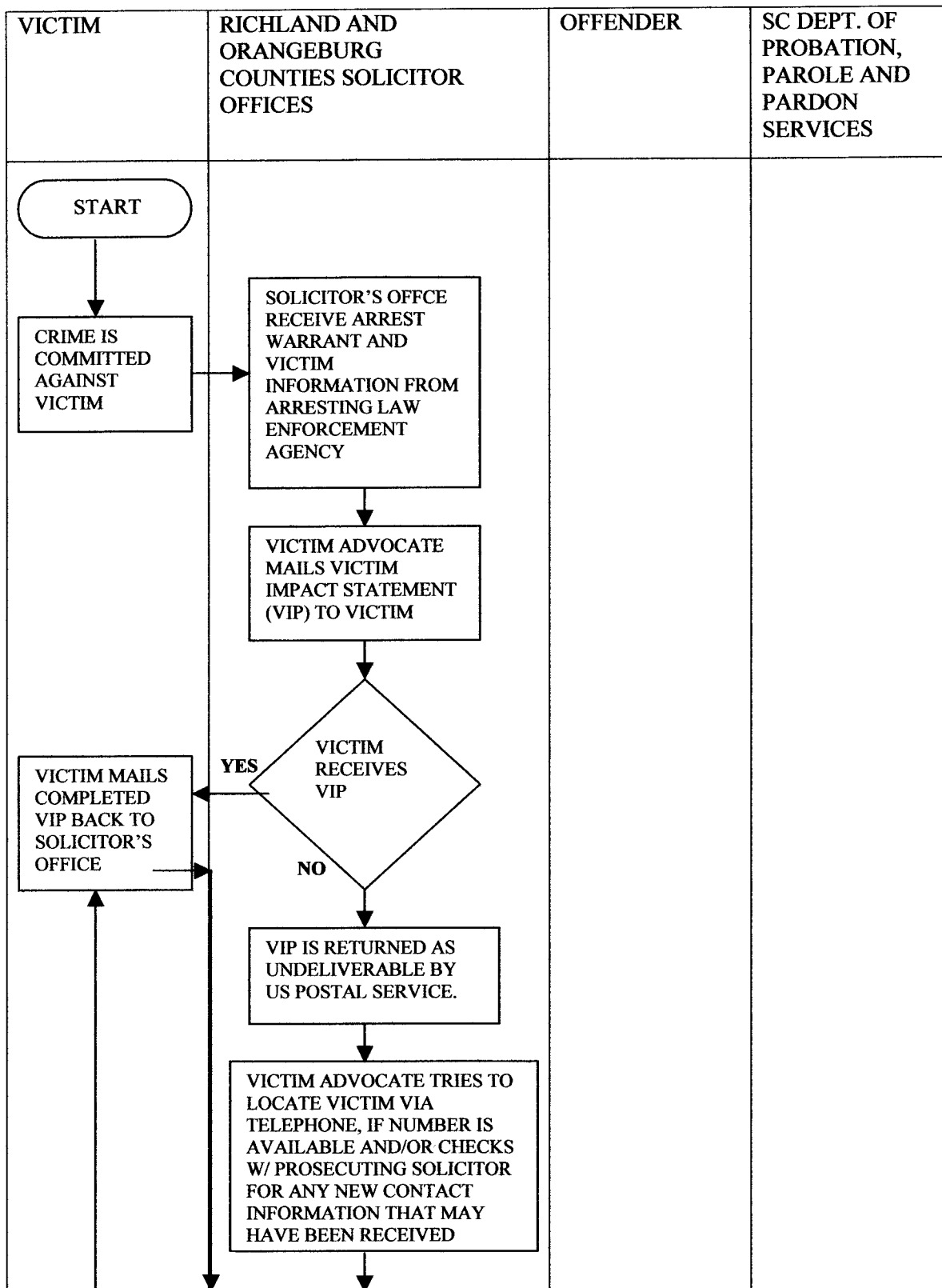
Q: Are any other steps taken to try to locate victim(s) if the first attempt is unsuccessful?

A: Richland County Solicitor's Office- Searches are conducted through the SC Department of Motor Vehicle Files. If this search is unsuccessful, an investigator from the Solicitor's Office conducts a home visit at the victim(s) last known address.

A: Orangeburg County Solicitor's Office- Will contact the victim advocate at the sheriff's department or the police department for updated mailing address for the victim.

According to both victim advocates, some cases are dismissed if the victim(s) cannot be located especially if the victim(s) testimony is essential in prosecuting the case. Other cases are prosecuted regardless if the victim can be located.

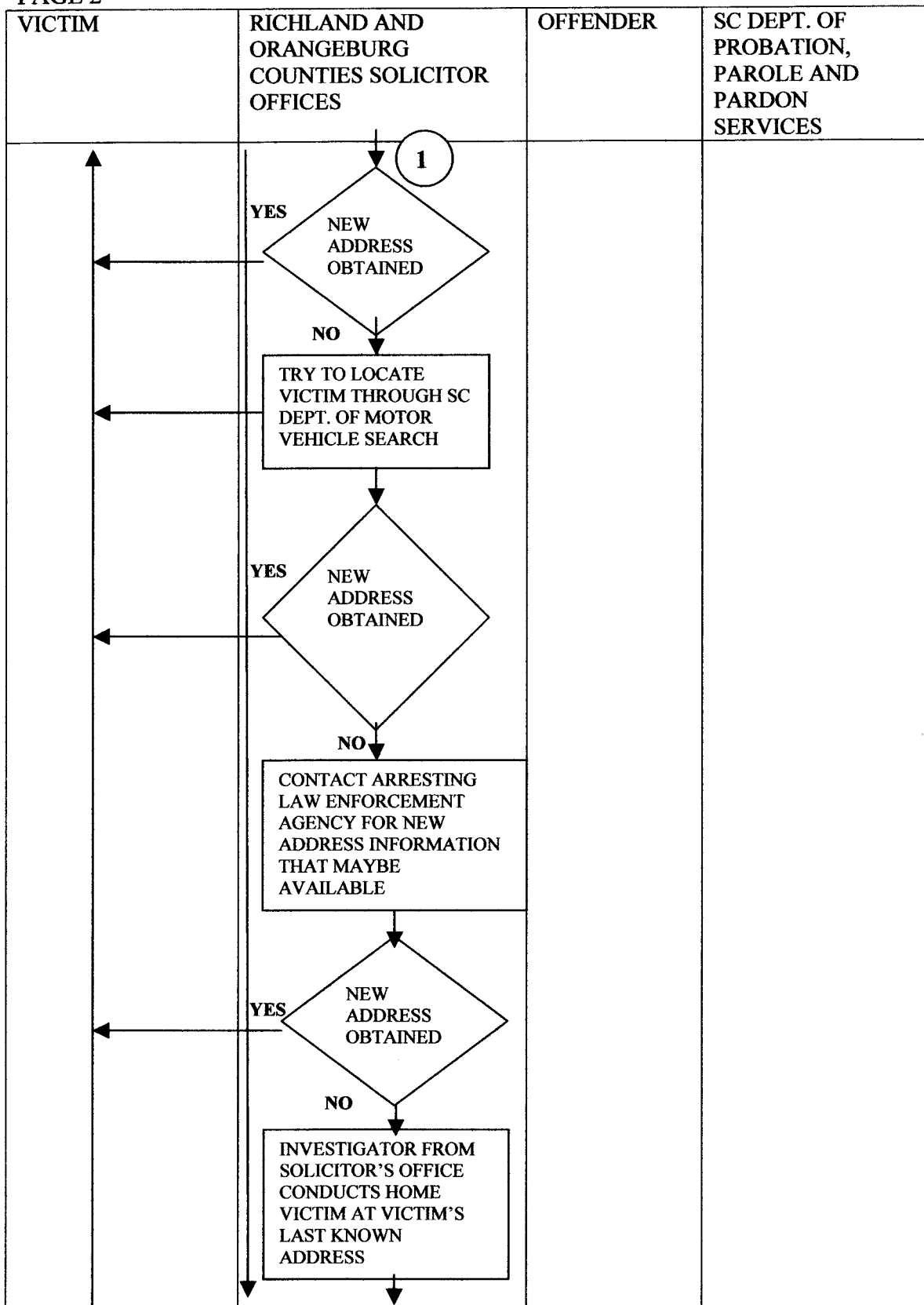
VICTIM ADDRESS INFORMATION RECEIVED FROM SOLICITORS' OFFICES DEPLOYMENT FLOWCHART APPENDIX B



VICTIM ADDRESS INFORMATION RECEIVED FROM SOLICITORS' OFFICES DEPLOYMENT FLOWCHART

APPENDIX B

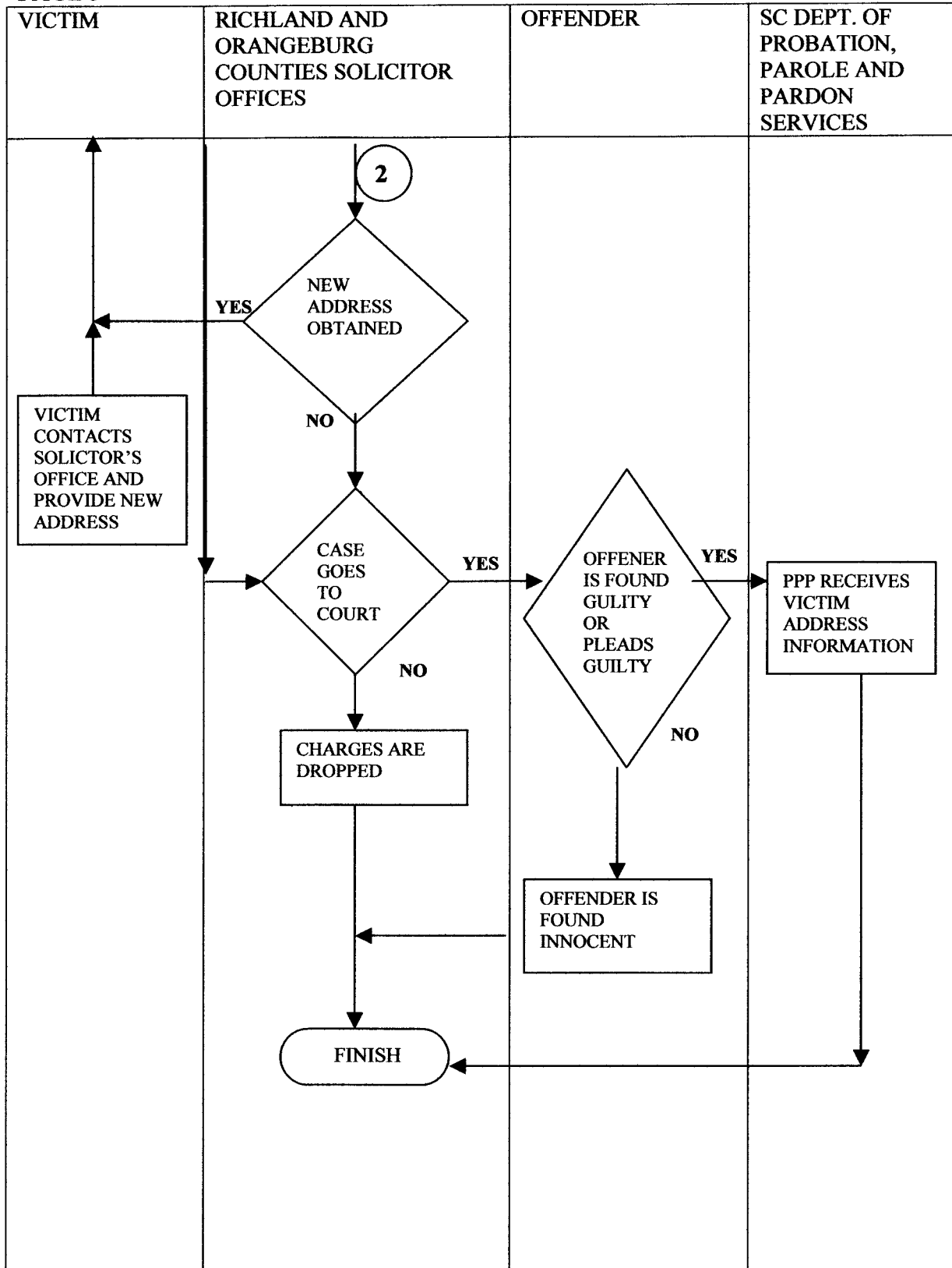
PAGE 2



VICTIM ADDRESS INFORMATION RECEIVED
FROM SOLICITORS' OFFICES DEPLOYMENT FLOWCHART

APPENDIX B

PAGE 3



APPENDIX C

Instructions for Victim Impact Statement

The Victim Impact Statement is a form used by the 5th Circuit Solicitor's Office to inform the Judge of the victim's feelings about their cases. It also allows the Court to see the amount of medical and other expenses associated with the physical injuries and property losses as a result of the crime. The form gives the Court needed information without the victim being present in each case. A copy of the form is furnished to other agencies for any future contact with the victim about the probation violation or parole eligibility.

Please complete the form in as much detail as possible. You may attach additional sheets of paper if needed. It is recommended that you write a "Dear Judge" letter stating if you recommend probation, restitution, counseling, Pre-Trial Intervention (PTI), some jail time, or a combination of some jail with probation to follow. You must realize that the Court generally cannot order the Defendant to a maximum jail sentence and make complete restitution.

If your case involves a Juvenile Offender through the Department of Juvenile Justice (DJJ), indicate your recommendation for contact services (similar to PTI), probation, counseling, or placement in a DJJ correctional facility. When the Court commits the juvenile to a facility, restitution will not be addressed until the juvenile's parole hearing.

Please follow the instructions:

Begin by completing the portion including the correct information about your name, address, date of birth, and telephone number. **YOU MUST KEEP THIS OFFICE INFORMED OF ANY CHANGES IN YOUR ADDRESS OR TELEPHONE NUMBER.**

Next, indicate whether you wish to appear in Court and if you want to be notified of any actions after sentencing (Parole, Probation Violation, etc.). You have a constitutional right to be notified of any plea negotiations or plea of guilty in your case and attend the Court proceeding. You may waive the right by indicating on the form in the space provided. Should you check the statement of "absolutely want to be present," your case will not proceed until you are notified to appear in Court, provided your completed Victim Impact Statement was received before the Court date.

The back of the form requires you to answer the questions about the crime and its effect on you. Take your time, read each question carefully and give as detailed an answer as possible. Again, if you need additional space, you may attach extra sheets of paper. Total your related expenses in the space provided. **YOU MUST include copies of all medical bills and expenses, related expenses for property loss or damage, estimates and insurance payments, regardless if you have already presented the documents to any other agency.**

Be sure to sign the form. Mail the form back to the Victim/Witness Office in the envelope enclosed for you. Under South Carolina Law, you have the responsibility as a victim to provide correct and complete information to the Courts and Solicitor's Office. Failure to return this form or respond to your notices about your case may relinquish your rights as a victim.

APPENDIX C

VICTIM IMPACT STATEMENT**Fifth Judicial Circuit Victim Witness Program**

Warren B. Giese, Solicitor

Solicitor's Office
P. O. Box 1987, 1701 Main Street
Columbia, SC 29202
(803) 748-4785

Christa Wilks, Director
of Victim Services

This form is designed to help protect the rights of victims in South Carolina's criminal justice system. It will become part of the Court record, and will follow the defendant through the criminal justice system. ***It is very important that victims fill out one form for each defendant as completely and neatly as possible in ink and return within two weeks.*** Assistance in completing the form is available upon request. **THANK YOU!**

PLEASE PRINT

NAME OF VICTIM: _____

NAME OF RESPONSIBLE PERSON: _____

Note: If the victim is deceased, a minor child, or a business, list the name of the responsible person above

Home Address _____ Work Address _____

Home Phone _____ Work Phone _____ Other Phone _____

Note: It is very important that you notify each agency involved with your case of any changes of address or telephone number.

Victim's Date of Birth _____ Social Security # _____ Race _____ Sex _____

PLEASE CHECK ONE OF THE FOLLOWING THREE STATEMENTS:

- ☐ I **absolutely** want to be present for a guilty plea or other proceeding on this case.
☐ I would like to be present if it is convenient, but this is not absolutely necessary.
☐ I will come if I am needed, but do not care to be present otherwise.

PLEASE CHECK ONE OF THE FOLLOWING TWO STATEMENTS:

- ☐ I want to be notified by the appropriate agencies about parole hearings, and any releases or escapes from prison.
☐ I **do not** want to be notified.

Please attach copies of all bills and receipts. You may attach addition pages if needed.

Date: _____ Signature of Victim or Responsible Party: _____

PLEASE TURN OVER TO THE NEXT PAGE

APPENDIX C

This portion of the Victim Impact Statement requests information that the Judge will need to:
(a) determine the proper amount of restitution, and
(b) understand the effects this crime has had on you.

Please supply all information requested. If there is any difference between this and what you supplied police at the time of the crime, please explain. If you have recovered any of this loss from insurance, please list the name and address of your agent or insurance company.

Describe any physical injuries you suffered and medical treatment for these injuries:

Describe how this has changed and/or affected your life. Have you had to move because of this. Explain:

Have you received any counseling or psychological services because of this? If you have not received counseling, why?

Is there anything else you want us to know about what happened to you?

Please give a description and value of item(s) lost or damaged. This may include medical and/or counseling costs, lost wages, funeral bills, lost or damaged property, etc. Copies of documentation (receipts, estimates, bills, etc.) should be attached.

	<u>Actual Cost So Far</u>	<u>Future Cost Expected</u>
Medical	\$ _____	\$ _____
Counseling	\$ _____	\$ _____
Lost Income	\$ _____	\$ _____
Property Loss	\$ _____	\$ _____
Other	\$ _____	\$ _____
Sub-Total	\$ _____	\$ _____
Recovered	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Insurance Agent/Company: _____

Address: _____

City/State: _____

Telephone: _____

Have you applied for Crime Victims' Compensation Benefits from the State Office for Victim Assistance?
If so, when did you apply?

State of South Carolina
Department of Probation, Parole and Pardon Services

MARK SANFORD
Governor



JOAN B. MEACHAM
Director

<Organization>
<Address>
<City>, <State> <ZIP code>
<Phone Number>
FAX <Fax Number>

January 16, 2003

[Victim's Name]
[Victim address (Street)]
[Victim address (City, State, Zip)]

Offender: [Offender]
Offense: [Offense]
Date of Sentence: [Sentence Date]
Indictment Number: [Indictment #]
Count: [Count #]

Dear [Salutation]:

Our records indicate that you are a victim in the above referenced case or a contact person for the victim. Please be advised that [Offender] was sentenced to [Sentence]. Enclosed are the conditions of supervision and any special conditions that the Judge ordered in this case. If the offender was sentenced to serve time first, the probation will begin once the offender is released from prison.

If you wish to receive continued notification regarding this case, please check the appropriate box on page 3 of this packet (the Victim Response Form) and return it in the enclosed, self addressed envelope. **If we do not receive a response from you within thirty days we will assume that you do not wish to receive further notification.** You may also use the Victim Response Form to make any comments or to note a change in your name, address, or telephone number. **It is very important that you keep us informed of any changes.** You may keep the remainder of this packet for your records.

The Office of Victim Services has information about community referrals to assist you and your family. If you need any assistance, or have any questions as a result of this offense, please do not hesitate to call me at <Business Phone Number> . If I am unavailable, please leave a message and I will return your call.

Sincerely,

<Name>
<Title>

CONDITIONS OF SUPERVISION

1. I shall report in person to the South Carolina Department of Probation, Parole and Pardon Services' office within 48 hours of sentencing or release, and as instructed by the Department; and I shall make complete and truthful reports to the agent.
2. I shall not change my residence or employment without the consent of my agent. Further, I shall allow my agent to visit me in my home, at my place of employment, or elsewhere, at any time.
3. I shall not use controlled substances, except when properly prescribed by a licensed physician, nor consume alcoholic beverages to excess, nor enter establishments whose primary business is the sale and drinking of alcoholic beverages. Further, I shall submit to a urinalysis or blood test when instructed by agents of the Department, and I agree that any of these test results may be used as evidence in any hearing for the violation of the conditions of my supervision.
4. I shall not possess or purchase any firearm or other dangerous weapons, and I shall not associate with any person who has a criminal record, or any other person whom my agent has instructed me to avoid.
5. I shall work diligently at a lawful occupation. Further, I shall notify my agent if I become unemployed.
6. I shall not violate any Federal, State, or Local Law, and I shall contact my agent if I am ever arrested or questioned by a law enforcement official for any reason whatsoever.
7. I shall pay a supervision fee as determined by the Department.
8. I shall not leave the State without permission from my agent. Further, if I am ever arrested in another state for violating these conditions, I hereby irrevocably waive all extradition rights I may otherwise have been entitled to and agree to return to South Carolina when directed by my agent, the court, or by a warrant.
9. I shall obey all conditions of supervision set forth in this order including the payment of fines, restitution, or other payments, and the service of any period of incarceration.
10. I shall follow the advice and instructions of my agent and I agree to comply with any further conditions imposed by the Department or its agents.

SPECIAL CONDITIONS OF SUPERVISION

In addition to the regular conditions of supervision, the offender may be ordered to comply with some of the special conditions listed below. The conditions that are checked apply to your case.

- _____ RESTITUTION -- The offender must pay \$ [Restitution Amount] in restitution. These payments will be set at a monthly rate of \$[Monthly Payment]. In accordance with state law, the offender is required to pay 20% in administrative fees and this is part of the monthly payment. While we encourage full payment each month, we will accept partial payment. Also, please note that in addition to yourself, other individuals may be receiving restitution from this same offender. The monthly payments are prorated among all individuals, which will determine the payment you receive. Our policy is to mail a payment once \$20.00 or more has accumulated in your account. However, if you would like to receive a payment, even if the amount is less than \$20.00, you may indicate so on page 4 of this packet (the Victim Response Form). Per Department policy, the offender may be three payments in arrears before we schedule a violation hearing. **If the offender was ordered to pay restitution and we do not have your current mailing address on file, it could result in your restitution being considered unclaimed, and you may not be able to recover these monies.**
- _____ INTENSIVE SUPERVISION -- The offender must report weekly to the probation office and pay a fee of \$10 per week. Also, the agents make more frequent home visits, employment visits, and face to face contacts.
- _____ PUBLIC SERVICE EMPLOYMENT -- The offender is required to perform up to 500 hours of work, without pay, for a non-profit agency.
- _____ URINALYSIS -- All offenders are required to submit to periodic drug testing. This offender was specifically ordered by the court to be tested.
- _____ HOME DETENTION -- The offender will be confined to his/her residence at all times, or for a specified amount of time each day, as determined by the court or supervising agent.
- _____ ELECTRONIC MONITORING -- This condition is the same as Home Detention except this condition requires the offender to wear an electronic device attached to his/her ankle which monitors their activity regarding their presence at home during specified times.
- _____ RESTITUTION CENTER -- The offender must reside in this center for up to 6 months. Residents must work and do public service employment. Their paychecks are turned over to the center to pay restitution, fines, child support, and other fees for which they have been charged.
- _____ COMMUNITY CONTROL CENTER -- The offender must reside in this highly structured center for 30 to 180 days. The program consists of high discipline and regimentation including military haircuts, uniform dress and no personal items. The offender will undergo mandatory alcohol/drug treatment, job skills programs and complete public service employment while receiving no work credits of good time. This program places strong emphasis on changing the criminal's thinking patterns.
- _____ Probation is to be terminated upon certification that all monies have been paid.
- _____ OTHER CONDITIONS

<Organization>
<Address>
<City>, <State> <ZIP code>
<Phone Number>
FAX <Fax Number>

VICTIM RESPONSE FORM

Please complete form and return in the enclosed envelope within thirty days.

Please indicate your current phone numbers and if your address or name is incorrect on this form, please provide the correct information. **It is important to let our Department know if your address or phone number changes.**

[Victim's Name]
[Victim address (Street)]
[Victim address (City, State, Zip)]

For Identification Purposes Only

Date of Birth _____
Sex: Male _____ Female _____ Race _____
Driver's License # _____ State _____
Federal Tax ID# _____
(Businesses only)

Home Telephone _____ Work Telephone _____
Other Contact: Name _____ Phone # _____ Relationship _____

If you are not the actual victim, please indicate your relationship to the victim:

Offender's Name: [Offender] Indictment #: [Indictment #]
Offense: [Offense] Count: [Count #]
Date of Sentence: [Sentence Date]

NOTIFICATION (Please indicate your preference even if you've already completed a form with the solicitor's office.)

- ☐ I **do** want to be notified of post sentence hearings regarding this case.
☐ I **do not** want to be notified of post sentence hearings regarding this case.

If we do not receive a response from you within thirty days, we will assume that you do not wish to receive further notification.

RESTITUTION (Applies to you **only** if restitution has been ordered in your case. See page 2 of this packet.)

- ☐ I would like to receive payment even if the amount collected is less than \$20.00.
☐ I would rather wait until \$20.00 (or more) has accumulated in my account before receiving payment.

Please include any comments you wish to make in this space (Use the back for additional space):

Your Signature _____ Date _____

*** THE HIGHLIGHTED AREAS WERE ADDED TO THIS FORM AS A RESULT OF THIS PROJECT.**

From: Sonya Garland
To: SCDPPPS
Date: Friday, July 05, 2002 11:08:07 AM
Subject: Account Advisory

Please see the attached Account Advisory on returned restitution checks. If you have any questions, please advise.

Sonya T. Garland
Accounting Supervisor
SC Dept. of Probation, Parole and Pardon Services
Post Office Box 50666
Columbia, SC 29250

(803) 734-9047
(803) 734-9013 Fax

APPENDIX E-1

SOUTH CAROLINA DEPARTMENT OF PROBATION, PAROLE AND PARDON SERVICES

ACCOUNT ADVISORY

RE: RETURNED RESTITUTION CHECKS

07/05/02

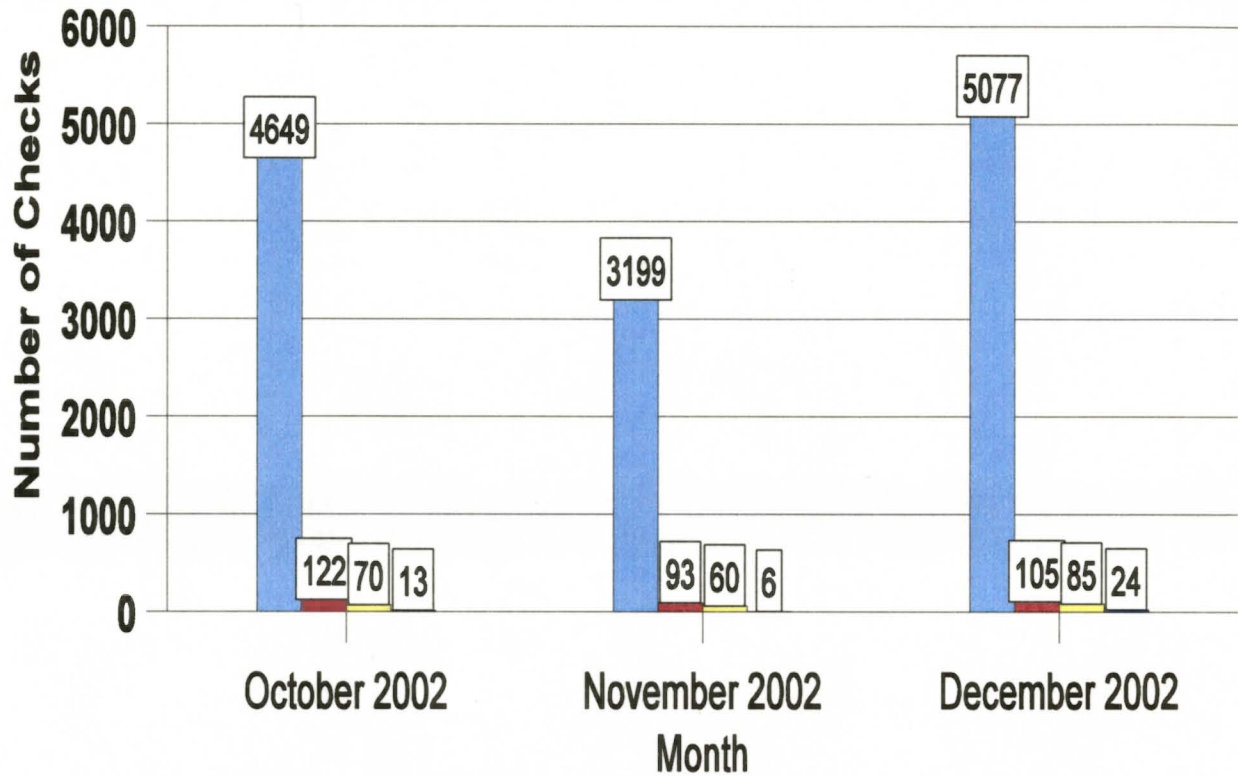
Due to the increasing volume of returned restitution checks, the Trust Accounting Unit is asking that all department staff be mindful of the following tips in order to keep the cost of returned postage to a minimum.

County staff have the authority to update addresses on victim accounts and to set victim accounts to "No Payment" status **as long as there has NEVER been any type of transaction posted to the victim's account**. For example, if a Form 1165 (initial victim notification letter) is returned as "undeliverable" by the post office, county staff can set the account to "No Payment" status until the correct address information is determined. Please enter a note in the victim's note section stating why the account was set to "No Payment" status, the date and your initials. When a victim's address is incorrect (returned 1165), and the account is set to "No Payment", a restitution victim check will not be issued and mailed to the same incorrect address. If the account is set to "No Payment" until the correct address is determined, money will be saved on postage.

County staff **DO NOT** have the authority to update victim account information if any type of transaction has been posted to a victim's account. **Notify the Trust Accounting Unit via email of any changes or updates that occur regarding victim accounts** such as a request from the victim to update a mailing address, to add a claim/ policy number, a contact person, etc. Our resources do not allow us to view every entry made on the victim screen. Notification of changes via email is required for edits to be made. **NOTE:** If an attempt is made to update victim account information in the county, OIS will not allow the changes to be made.

Thank you in advance for your attention in this matter. Let us know of any suggestions that you feel are warranted in serving the needs of victims.

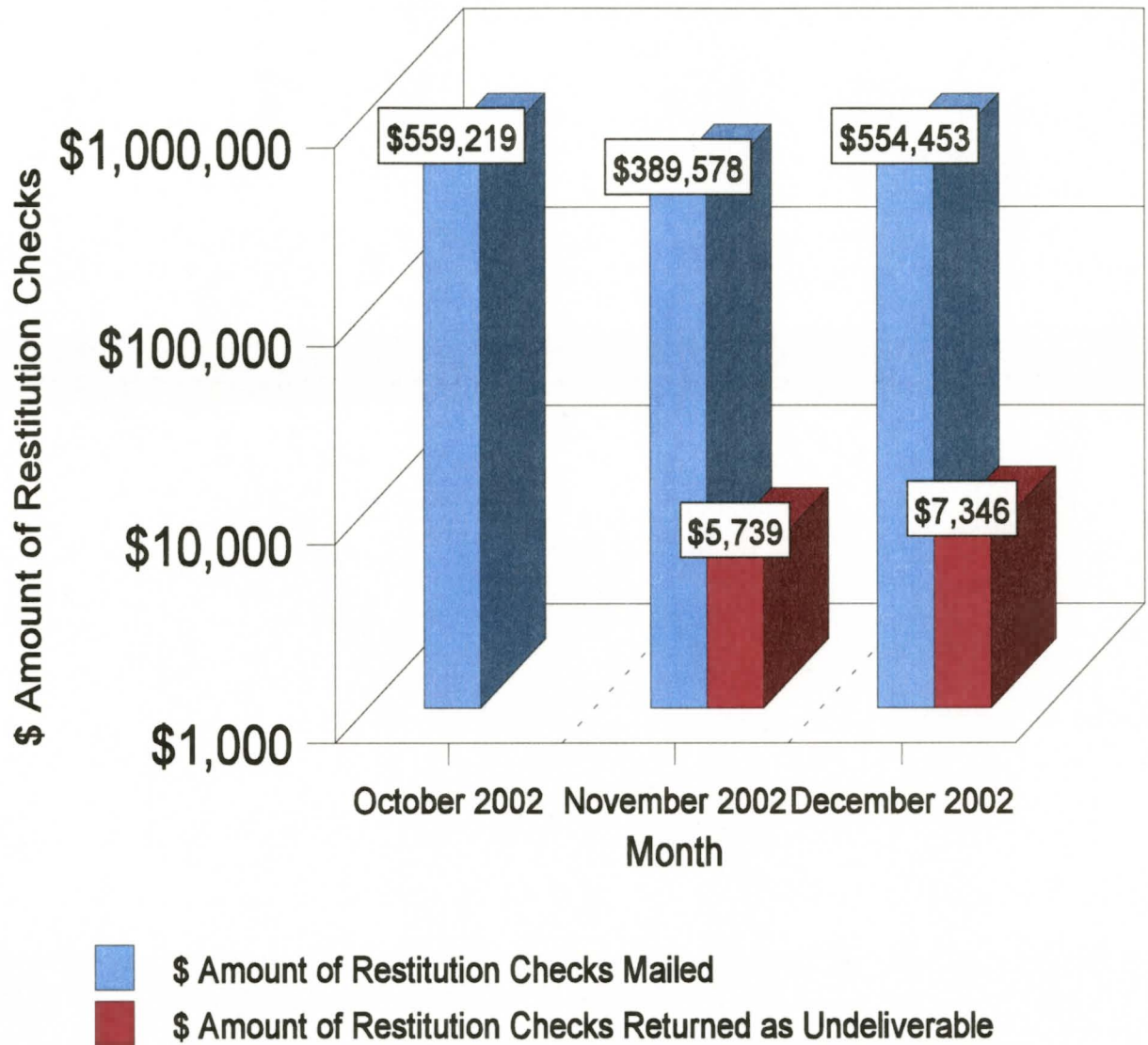
Restitution Checks Processed Monthly



- Number of Restitution Checks Mailed
- Number of Restitution Checks Returned as Undeliverable
- Number of Restitution Checks re-mailed
- Number of Restitution Checks processed for Unclaimed Property

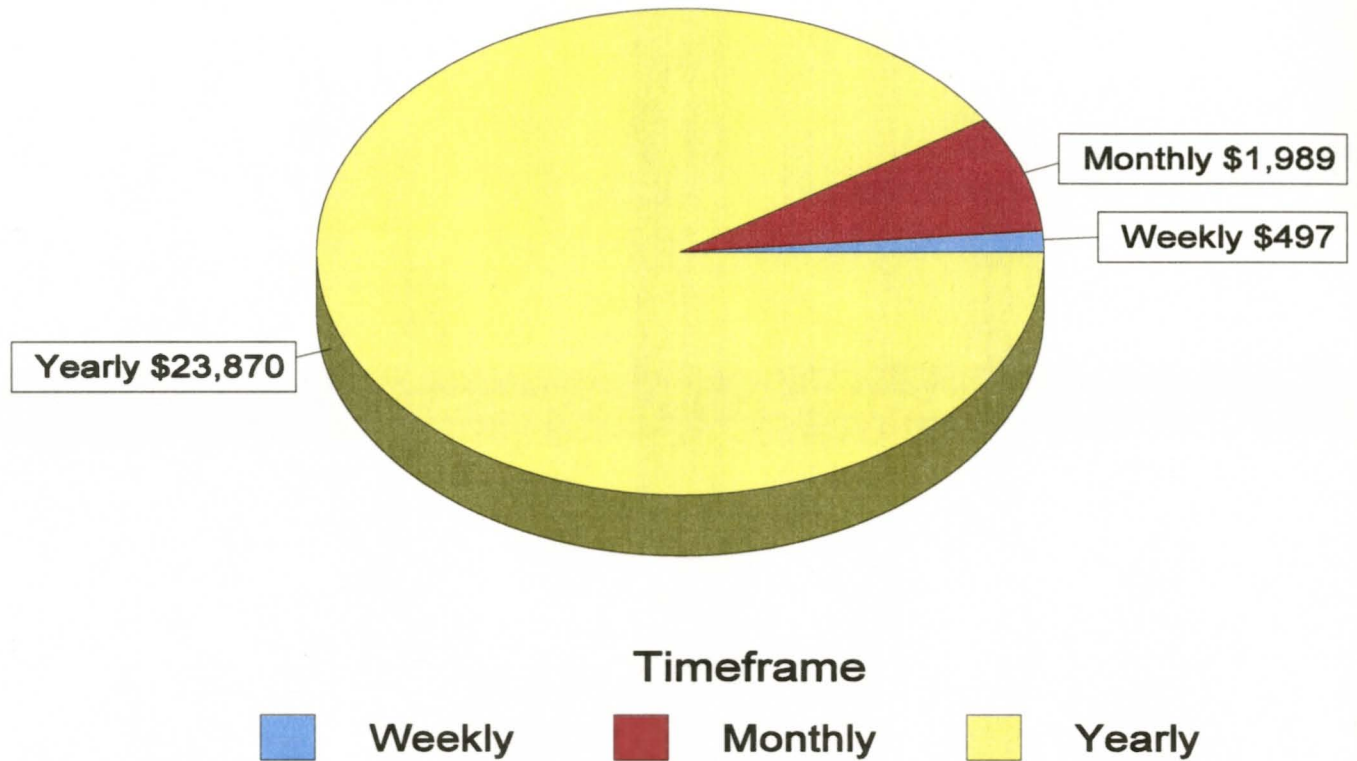
APPENDIX G

Restitution Checks Mailed and Returned as Undeliverable



*THE AMOUNT OF RESTITUTION CHECKS RETURNED AS UNDELIVERABLE FOR OCTOBER 2002 WAS NOT AVAILABLE.

Money Spent to Process Returned Checks



Calculated in the above totals are the salaries of two employees working a total of seven (7) hours per day weekly processing thirty (30) returned restitution checks and the costs associated with issuing checks such as the cost to issue checks, the cost of envelopes and stamps.

Price breakdown:

Price to issue a check \$.21 each

Price per envelope: \$.04 each

Price per stamp: \$.37 each

VICTIM SERVICES COORDINATORS MEETING

Room 540A (5th floor training room)
Friday, September 6, 2001

Agenda

9:30 - 9:40	Welcome/Opening Remarks	Marian
9:40 - 10:00	Administrative Issues <ul style="list-style-type: none"> * Training Opportunity on Sept. 19th * SCVAN fundraiser * VRW 2003 * Amount of Restitution paid out fy 01/02 * YOA Early Terms (w/victim opposition) * Attempt to call v's on returned letters * VOCA grant: new supplies Spanish brochures 	
10:00 - 10:15	Parole/PIC Issues	Melody
10:15 - 10:30	Internet Resources for Locating Victims	Missy
10:30 - 10:50	Finance Issues	Sonya
10:50 - 11:00	(Break)	
11:00 - 12:30	"Sentencing the Victim" video	

APPENDIX J

THE HIGHLIGHTED FIELDS WERE ADDED TO THE VICTIM INFORMATION SCREEN AS A RESULT OF THIS PROJECT.

Victims for Indictment #: 00GS4603717

Victims Edit

Offender: BLACK, TERRY		SID: 00000082	
Victim's Last:	VICTIM TWO	ID:	W01085866
First:	FIRST	Middle:	M
Victim's Address: 123 ST.		D.L. #:	SC 2345655
		* Federal Tax ID #:	
		* (Businesses Only)	
		DOB:	02/02/2002
City:	COLUMBIA	County:	RICHLAND
State:	SC	Zip:	29001-2333
Home Number:	(803) 333-4444	Impact Assessment:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Work Number:	(803) -	Victim Type:	1
Other Contact: WANDA CORTEZ		Phone:	(803) 444-3333
BORA/DORA Loss:		\$0.00	DACOR Loss:
Restitution Note:		this is a restitution note this is a restitution note this is a restitution note this is a restitution note this is a restitution note this is a restitution note this is a restitution note this is a re	
Victim Note:		this is a victim note this is a victim note this is a victim note this is a victim note this is a victim note this is a victim note this is a victim note this is a victim note this is a vic	
Indictment No:		00GS4603717	
Payment Status:		\$20+	
Relationship:		MOTHER	

OK Cancel Delete Restitution Print Help

Corel Paradox 8 Netfix - Rent Internet Explorer SABAR BFPCTL
DVDs Online

Start G... S... C... 1... S... Victi... 8:54 AM

SC Dept. of Probation, Parole, and Pardon Services

Date: 01/17/2003

The enclosed check represents a restitution payment from:

JOE BROWN #3498657

If you have any questions, please call the YORK
County Office at (803) 628-3035

JOE R VICTIM VICTIM

Ref:# V01085770 **Check:#** 2244356

**** It is important to let our Department know if your address or phone number changes.**

SC Dept. of Probation, Parole, and Pardon Services

Date: 01/17/2003

The enclosed check represents a restitution payment from:

JOE BROWN #3498657

If you have any questions, please call the YORK
County Office at (803) 628-3035

FIRST M VICTIM TWO

Ref:# V01085866 **Check:#** 2244356

**** It is important to let our Department know if your address or phone number changes.**

Sonya Garland - OIS Victim Window

From: Jose' Bujosa
To: SCDPPPS
Date: Monday, September 23, 2002 8:35:43 AM
Subject: OIS Victim Window

Hi,

We have added some new columns to the Victim window in the OIS application. These columns/fields will let you enter a victim's Driver's License, Work Phone, and Other Contact information (Name, Phone, and Relationship). The original Phone Number field is now labeled Home Phone. Also, the window will display the Offender's Name and SID.

WARNING: Because we had to move some fields around to accommodate the new ones, we had to change the tab order of some of the fields. If you use the Tab key instead of the mouse click to move to other fields, be aware that the Tab key may take you to a different field.

If you need information on how to use the new fields, please contact Sonya Garland in the Finance Section at Central Office. If there are problems with the window or the printed report, please contact me, José Bujosa, in the OIS section at Central Office at 734-9084 or send me an e-mail.

Thanks,
Jose'